

IN THE PROBATE COURT OF MAHONING COUNTY, OHIO

IN THE MATTER OF THE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> ESTATE <input type="checkbox"/> MINOR'S SETTLEMENT OF/FOR: _____))))))	CASE NO.: _____ JUDGE TIMOTHY P. MALONEY LITIGATION STATUS REPORT [Loc. R. 78.10(B)]
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The undersigned Fiduciary and the Attorney of Record represent that this is the _____ Litigation Status Report (last report filed on _____) under the above case and their report follows.

I. GENERAL STATUS	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Inventory. Approved <input type="checkbox"/> Yes </div> <div> Filed on: _____ <input type="checkbox"/> No Reason _____ </div> <div> Amendment filed on: _____ Date: _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Account. <input type="checkbox"/> _____ Partial filed/waived on: _____ <input type="checkbox"/> Distributive account filed on : _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Guardian's Report. Last filed on : _____ </div>
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II. NATURE OF CLAIM	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Action by the Estate. <input type="checkbox"/> Personal injury. <input type="checkbox"/> Complaint to sell. <input type="checkbox"/> Wrongful death/survival. <input type="checkbox"/> Medical malpractice <input type="checkbox"/> Personal injury. <input type="checkbox"/> Product liability/asbestos. </div> <div style="width: 48%;"> <input type="checkbox"/> Action against the Estate. <input type="checkbox"/> Will contest. <input type="checkbox"/> Declaratory judgment. <input type="checkbox"/> Other (Describe): _____ <input type="checkbox"/> Will construction. <input type="checkbox"/> Concealment. </div> </div>
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III. ACTION TAKEN	<input type="checkbox"/> No complaint has yet been filed against any defendant(s), but the claim is being negotiated with _____ on behalf of _____. <small>(Representative, Insurer, Other) [Name of class or potential defendant(s)]</small> <input type="checkbox"/> A complaint or other initiating pleading has been filed. <i>(You must attach a face copy or summary of the complaint, for cases filed other than before the Mahoning County Probate Court, which identifies the court, case number, the date of filing, the litigants, the nature of the complaint and the identity of the attorney(s) who prepared/filed the action.)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> -Service complete. <input type="checkbox"/> Yes. <input type="checkbox"/> No. -Discovery. <input type="checkbox"/> Pending. <input type="checkbox"/> Completed. -Motions filed/pending. <input type="checkbox"/> Yes. <input type="checkbox"/> No. -Pretrial set. <input type="checkbox"/> Yes. <input type="checkbox"/> No. -Trial date: _____ </div> <div style="width: 50%;"> Describe: _____ Date: _____ </div> </div> <input type="checkbox"/> A representation agreement between the Fiduciary and Litigation Counsel for the claim/litigation <input type="checkbox"/> has/ <input type="checkbox"/> has <u>not</u> been approved by the Court. If approved, date: _____ <input type="checkbox"/> Bond. Filed on: _____ Amount of bond : \$ _____ Value of the claim: \$ _____
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IV. ADDITIONAL DISCLOSURES	<p>Based upon the nature of the claim/litigation under this estate, the case is subject to the special disclosure Rules of the Court (Loc. R. 70.5 and/or 70.6). The Fiduciary and the Attorney of Record therefore report the following additional information:</p> <p><input type="checkbox"/> The Federal Tax Identification Number for this estate is : _____.</p> <p><input type="checkbox"/> A wholly restricted, interest bearing account has been opened in the name of the estate and "<i>f.b.o. Wrongful Death/Survival Beneficiaries</i>," with _____ on _____,</p> <p style="text-align: center;">(Name of Financial institution) (Date)</p> <p>No. _____.</p> <p style="text-align: center;">(Account Number)</p> <p><input type="checkbox"/> All of the monies <i>received</i> under partial settlement(s) approved by the Court <input type="checkbox"/> have/<input type="checkbox"/> have <u>not</u> been deposited as required by the Local Rules of Court since the filing of the estate's last <i>Report</i>. (If not, attach a supplemental explanation. That explanation must distinguish between those defendants who have settled and paid, and those who have settled but not paid the agreed settlement monies.)</p> <p><input type="checkbox"/> All previous filings and entries under prior, partial settlements and/or distributions of the proceeds of the estate's claims <input type="checkbox"/> have/<input type="checkbox"/> have <u>not</u> been fully corrected and amended, if necessary. (If not, attach a supplemental explanation.</p>
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V. COMMENTS	<p>Comments/explanations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Attorney of Record:

Signature

Typed Name

Current Address (No P.O. Boxes)

City, State, Zip Code

Area Code/Phone

Ohio Supreme Court Registration Number

Applicant/Fiduciary:

Signature

Typed Name/Title

Current Address (No P.O. Boxes)

City, State, Zip Code

Area Code/Phone